Clackamas County

Regional E-Referral Evaluation

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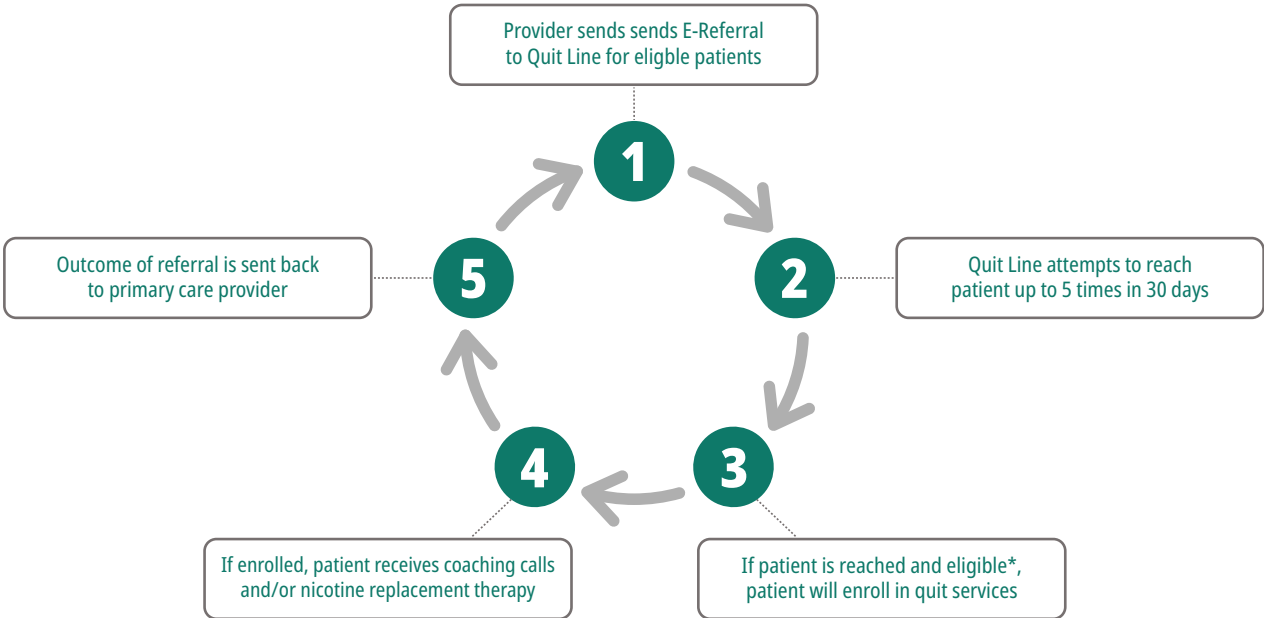
Executive Summary

Commercial tobacco use is the leading cause of preventable death and disease in Oregon. Each year, commercial tobacco kills over 8,000 Oregonians and costs almost $5.7 billion in medical expenses and lost productivity. Historically, communities of color and LGBTQ+ communities have been deeply burdened by the tobacco industry due to targeted marketing practices. Due to structural racism and other systemic factors, the burden of tobacco on these communities is much greater.

To address these disparities, commercial Tobacco Prevention and Education Programs (TPEP) in Clackamas, Multnomah, and Washington counties partnered to expand access to tobacco cessation services. The team designed and implemented a closed-loop E-Referral to the Oregon Tobacco Quit Line in three Federally Qualified Health Centers (FQHCs). The pilot was led by Clackamas County, which received regional funding from HealthShare of Oregon in 2020. The project first launched with a pilot in Clackamas Health Centers (CHC), where the Electronic Health Record (EHR) workflow was developed and tested.

Closed-Loop E-Referral Pathway:

Provider sends sends E-Referral to Quit Line for eligble patients **1**

Quit Line attempts to reach patient up to 5 times in 30 days **2**

If patient is reached and eligible*, patient will enroll in quit services **3**

If enrolled, patient receives coaching calls and/or nicotine replacement therapy **4**

Outcome of referral is sent back to primary care provider **5**

Eligibility: patient is 13 years or older for counseling, 18 years or older for NRT, ready to quit in the next 30 days, and has not received Quit Line services or a previous referral in the last 60 days

This e-referral workflow was replicated and implemented at North and Northeast Multnomah Integrated Clinical Services (MCICS) and Virginia Garcia Memorial Health Center (VGMHC) in Washington County. Quality improvement measures occurred through each implementation process and are documented in the best practices section of this report.

This regional project required buy-in, contracts, and coordination with the FQHC leadership, expertise from the Epic support specialists, guidance from the Oregon Health Authority, and development of an interface between OCHIN Epic and RVO Health, the third-party vendor for the Quit Line.

The need for additional tobacco cessation support for patients was identified during the implementation of the e-referral to the Quit Line. These additional interventions varied from clinic to clinic but included:

- Referrals to behavioral health consultants (BHC) within the clinics
- Partnership with a local community-based organization (CBO), which provided cessation education and counseling via community health workers (CHWs)
- Development of a campaign to promote the e-referral and Quit Line to clinic staff and patients
- Distribution of tobacco support kits.

This report captures best practices and QI strategies from each of the e-referral implementations, e-referral quantitative and qualitative data, challenges and areas of opportunity, and recommendations for future health systems work related to tobacco cessation.

E-Referral Best Practices

Develop a Workflow

The CHC Epic analyst built the e-referral workflow in OCHIN Epic (see Appendix A for detailed procedure). In this workflow, primary care providers (PCPs) are primarily responsible for placing an e-referral for their patients with documented tobacco use, including vaping e-cigarettes. Before this workflow, providers were not consistently screening for e-cigarette use. To address this, the Epic support specialist developed a secondary referral that providers could use for patients who use e-cigarettes, as a way to remind providers to advise and refer for those users as well. BHCs are also able to send e-referrals to the Quit Line.

To be eligible for Quit Line services, patients need to use tobacco or nicotine products and indicate readiness to quit in the next 30 days. Both questions, 'Do you use tobacco?' and 'Are you ready to quit in the next 30 days,' are included in the e-referral workflow. Providers make a warm hand-off to a BHC for in-person counseling for patients interested in quitting, but not in the next 30 days.

Train Staff

All staff (a month before implementation)	Clinician (6 weeks following e-referral implementation)	Clinician (14 weeks following e-referral implementation)
Background & context for E-Referral	Quit Line & E-Referral Overview	Reminder on Quit Line Eligibility/ Alternate Warm Hand-off to BHC
Demo of E-Referral in EHR	Who to Refer to Quit Line	Update on # E-Referrals made
Why screen & refer	E-cigarette Screening & Referrals to Quit Line	Reminder: E-cigarette Screening & Referrals
Advanced Cessation Training Opportunities	Demo of E-Referral in Epic	Cessation for Patients with Substance Use Disorder
Q&A	Metrics & Evaluation	Patient Satisfaction Survey

The e-referral project coordinator provided a series of trainings, one for the CHC all-staff and two additional trainings specifically for the clinicians, as outlined in the table above. A one-page summary of the Oregon Tobacco Quit Line and an E-Referral to the Quit Line were developed as resources for the providers. (See Appendix B for the Tobacco Quit Line Guide and Appendix C for the E-Referral Guide.) The training and one-pager were adapted and shared with the providers at MCICS and VGMHC.

Check & Act

CHC's Epic analyst built an automated report called a WorkBench Report through Epic to capture e-referrals made the previous month. These reports include patient demographics, vaping/ smoking status, the date and provider who made the Quit Line referral, referral status, and the referral outcome. (See Appendix D for report template.)

This report included information for all e-referrals placed the month prior, which were emailed monthly to the project coordinator. Reviewing the report allowed for QI opportunities, outlined below:

Discovery	Resolution
Many of the e-referrals placed were either ineligible or declined because patients were not ready to quit in 30 days	The project coordinator recommended referring patients to a BHC to help move them closer to quitting
The new outcome data could not override previous outcome data sent from the Quit Line to the patient's electronic health record (EHR)	OCHIN and RVO updated the interface to correct this issue, allowing for more comprehensive outcome data to be available in the patient's EHR

Increase communication with patients through Automated CareMessage

Nearly half of the patients referred to the Quit Line via CHC were unreachable, meaning patients did not answer the phone when the Quit Line called. To increase the connection, VGMHC developed an automatic text message to remind patients 1-2 days later of their referral to the Quit Line and to expect a call from a 1-800 number. The auto message also includes the phone number and link to enroll in services if they miss the phone call.

Modify Workflows to Increase Reach

VGMHC worked with OCHIN to move the Tobacco Quit Line E-Referral to the referrals tab rather than the orders section in the Epic system-wide. This update made the workflow more intuitive for providers.

MCICS developed a workflow for the primary care medical assistant (PCMA) team dedicated to tobacco use. This team will reach out to MCICS patients who use tobacco and order Quit Line referrals for patients who are ready to quit (See Appendix E for the MCICS Workflow). Additionally, the e-referral workflow went live in December 2024 in all eight Multnomah County Dental Clinics, expanding the patient pool by ~15,000 individuals.

Enhance E-Referrals with In-person Interventions

CHC identified early that a subset of patients who used tobacco or nicotine were interested in quitting but not ready to quit in the next 30 days. For those patients, PCPs are encouraged to provide a warm hand-off to a BHC who counsels them towards quitting. Several BHCs completed the American Lung Association's Freedom from Smoking Facilitator training, a gold-standard smoking cessation curriculum to help people quit tobacco.

Additionally, Clackamas TPEP developed support kits for BHCs to offer to patients who want to quit or reduce tobacco/nicotine use. The kits contain items to help individuals on their quit journey, such as a stress ball, gum, toothpicks, mints, a mini journal and pen, and an Oregon Tobacco Quit Line card for those who want to access free Nicotine Replacement Therapy (NRT). (See Appendix F for Support Kit Flyer).

A dotphrase was developed in OCHIN Epic for the BHCs to track support kits distribution and document tobacco use, readiness to quit, and history of quit attempts. (See Appendix G for Support Kit Dotphrase).

MCICS contracted with Greater New Hope Charities to provide on-site tobacco education and outreach services by CHWs at two clinics. A team of bilingual Spanish-speaking CHWs provide educational materials about tobacco and cessation in the clinic lobby. The CHWs successfully engaged patients in conversations about their health and tobacco use by being warm, welcoming, and offering food. Some patients shared their interactions with their PCPs and indicated some brief tobacco interventions had occurred.

Multnomah County Health Department's Tobacco Control and Prevention Program also created support kits for patients interested in reducing or quitting tobacco or nicotine. These kits included mints, a toothbrush, toothpaste, chewing gum, mint tea, and printed materials all in a 'Your Best Life' water bottle.

Communications

The Multnomah County Health Department Tobacco Control and Prevention Program (TCPP) partnered internally with the Health Department Communications team and MCICS to develop the Best Life campaign to infuse energy in the launch of the new workflow and to promote the Quit Line. TCPP developed inspirational Your Best Life banners, and posters and lobby screen displays featuring photos of clinic staff who championed the pilot. (see Appendix G for campaign lookbook).

The Your Best Life campaign successfully started conversations between providers and patients about tobacco and motivated the clinical teams to use the new e-referral tool. This campaign was part of rallying staff and helped to increase a sense of ownership in the project.

Evaluation Methods

Clackamas County developed an evaluation that includes quantitative data from reports that capture e-referral data. This report was built as a workbench report in OCHIN Epic and replicated in each clinical system for tracking referrals.

All three clinical systems created cumulative reports to capture all the e-referrals placed during the various implementation timeframes. These reports include race/ethnicity, age, primary language spoken, insurance type, smoking status (frequency), referral date, referral outcome, and result date.

The implementation timeframes were:

- CHC: January 2022 - October 2024
- VGMHC: November 2023 – October 2024
- MCICS: February 2024 – December 2024

Qualitative data was also collected from patient satisfaction surveys for those referred to the Quit Line across the three clinical systems. Surveys were administered by Crossroads Group LLC, a contractor that administers the Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey for FQHCs. The survey questions developed for CHC patients were slightly modified for MCICS and VGMHC to reflect the unique care teams and ensure survey reliability. (See Appendix I for the survey tool.)

Each health system sent a monthly roster of patients referred to the Quit Line to Crossroads. Crossroads contacted patients on the roster to participate in the survey, first by phone, followed by email if the patient was unreachable.

The surveys were administered over 36 months. They were administered in Spanish for Spanish-speaking patients. All who participated in the survey received $25 gift cards.
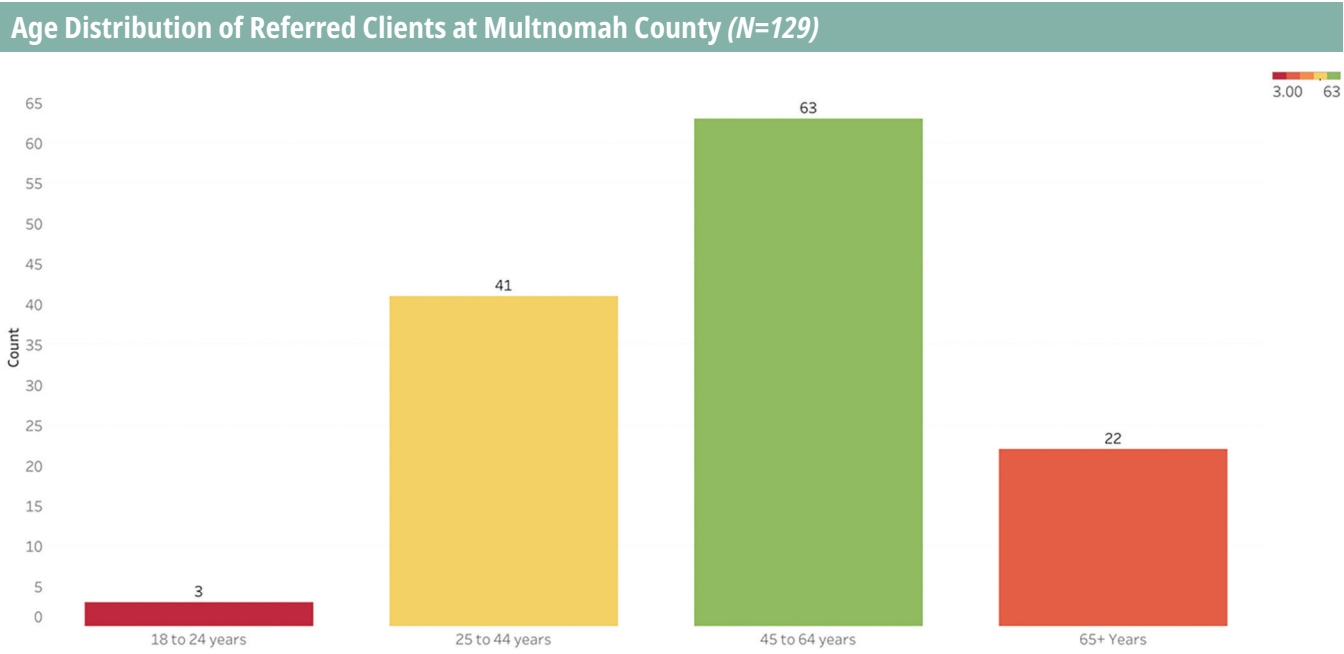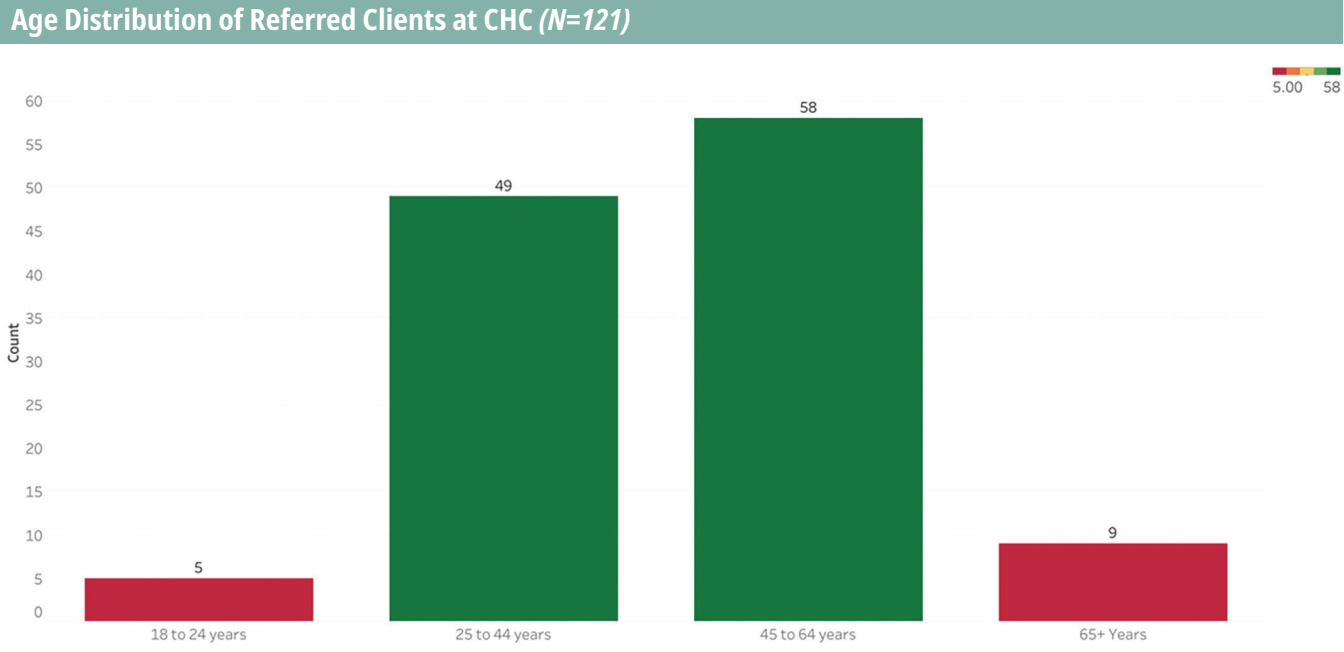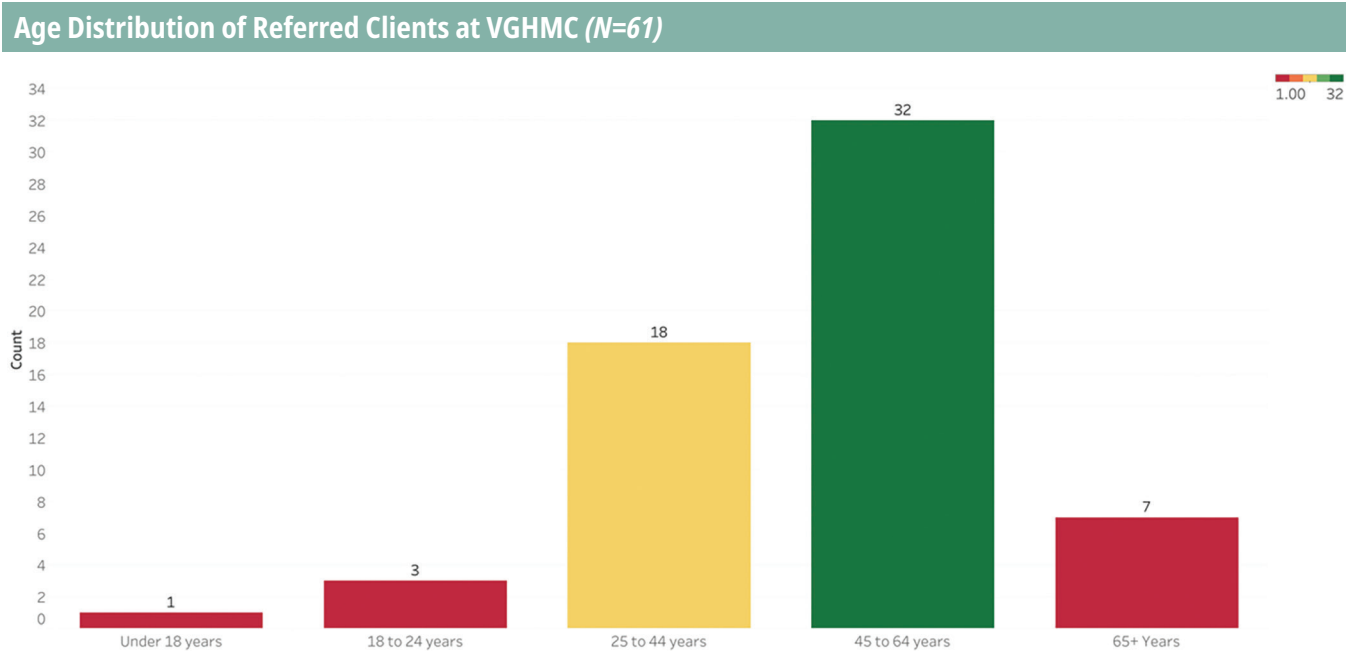
Results

E-Referral Metrics

Across the three health systems, a total of 445 e-referrals were made to the Oregon Tobacco Quit Line. Of those referred, 134 were canceled by the provider for unknown reasons (likely a referral made in error), leaving a total of 311 completed/sent referrals across the three health systems. Of those, ~14% (45) accepted and received cessation services from the Quit Line, including over-the-phone counseling and/or NRT. Across the three health systems, ~49% (152) of people referred to the Quit Line were unreachable, and ~12% (36) declined services. The remainder of the referrals were either excluded from services, ~14% (43), or had an unknown outcome, ~11% (35).

Referral Outcome (N=445)
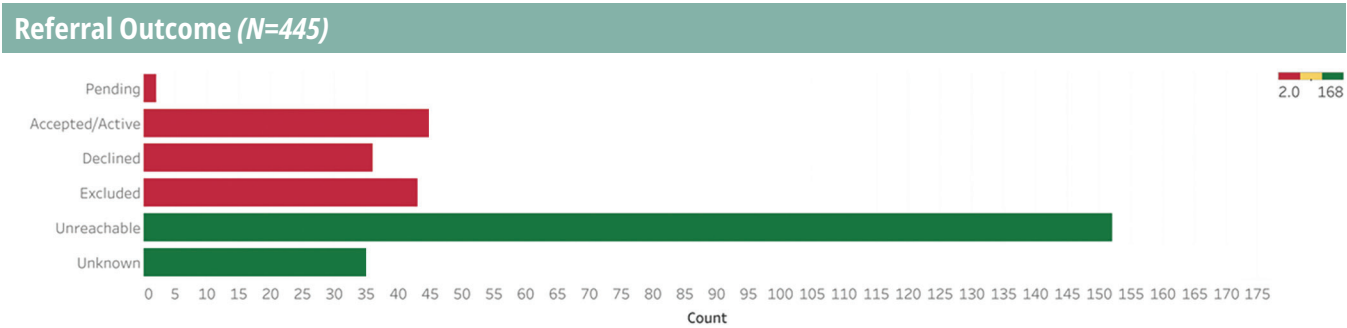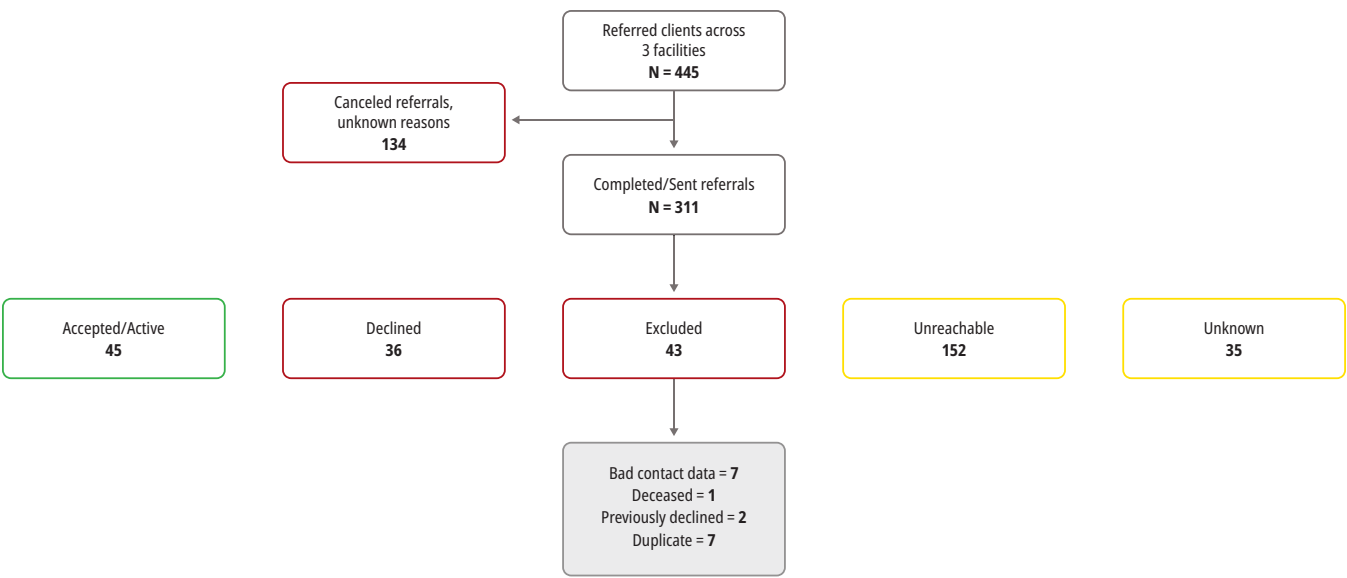
The age distribution of those referred to the Quit Line was most commonly 45-54 (~49%), followed by 25-44 (~35%). Those older than 65 made up ~12%, those 18-24 accounted for ~4%, and only one individual was under 18.

Age Distribution of Referred Clients *(N=311)*

Age Distribution of Referred Clients at VGHMC *(N=61)*

Age Distribution of Referred Clients at CHC *(N=121)*

Age Distribution of Referred Clients at Multnomah County *(N=129)*

Racial and ethnic data of the patients referred to the Quit Line were provided by all three clinic systems. Within those two health systems, the majority, ~71%, were non-Hispanic White, ~4% were Asian/Pacific Islander, ~2% were multi-racial, ~15% were Black, ~2% were American Indian, and ~7% chose not to disclose. Approximately 10% of patients referred across all three clinics were Hispanic, Latino/a/e, Chicano/a/e, or of another Spanish origin, and about 5% chose not to disclose ethnicity or were unknown.

Race of Referred Clients *(N=309)*

**Ethnicity of Referred Clients** *(N=309)*
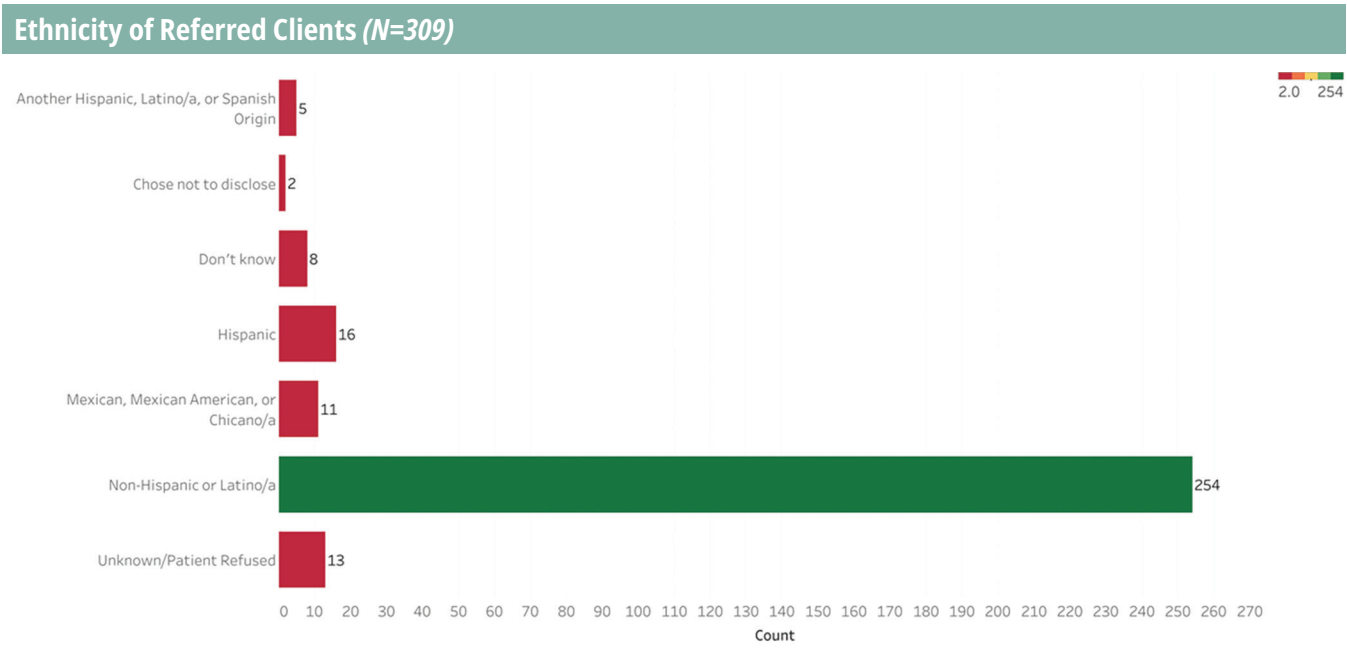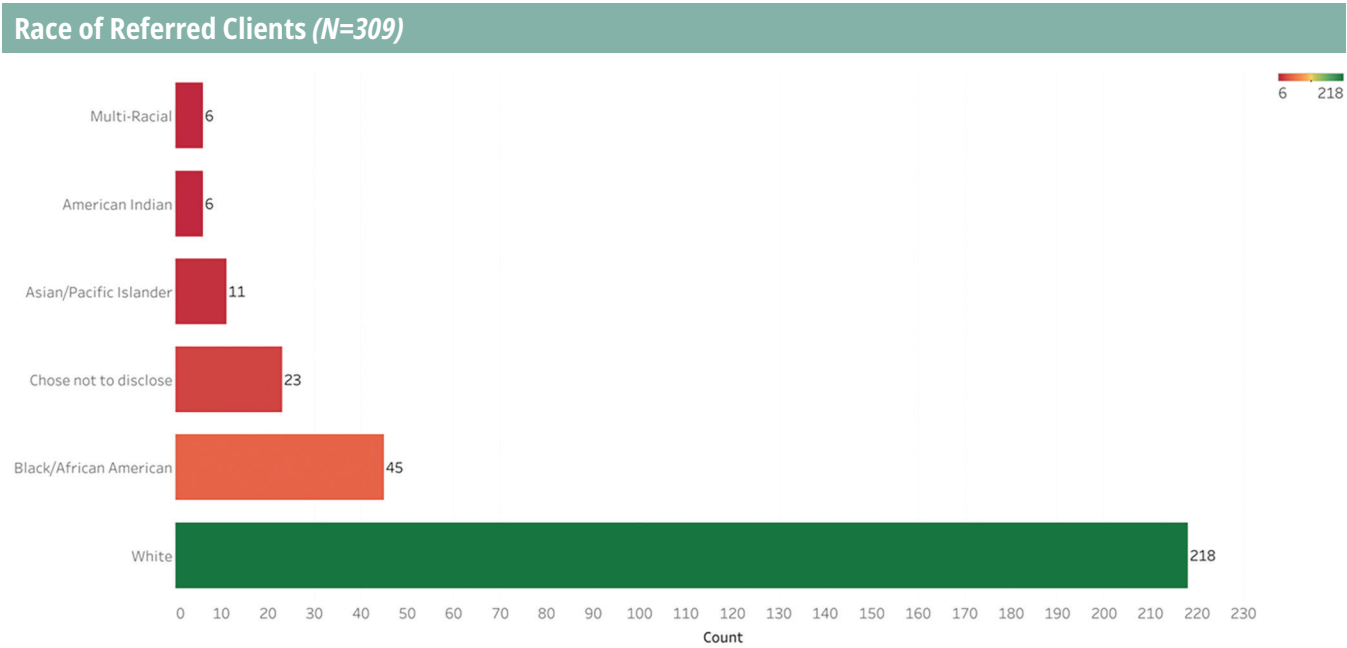
Patient Satisfaction Surveys

Crossroads Group collected 86 surveys (around 19% of the total number of e-referrals) across the three clinical systems. Patients were asked a series of questions to assess their experience

with their provider at the time the referral was made, their motivations and goals for engaging with the Quit Line, and their experience and overall satisfaction with the Quit Line (if they were reached, what services they received, and how/if the Quit Line met their needs).

Analysis includes aggregated data from the three health systems, disaggregated data from each of the three health systems, and cross-tabulations by clinic, patient demographics, and other factors.

The tables below show the sample distribution of survey respondents by health system, age, insurance type, and language:
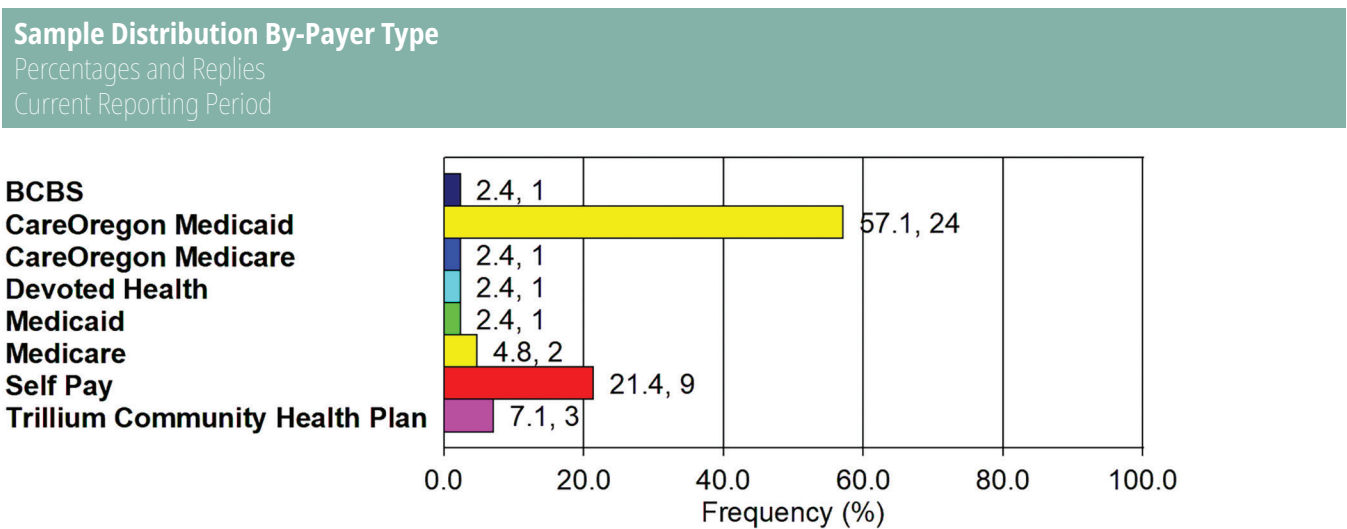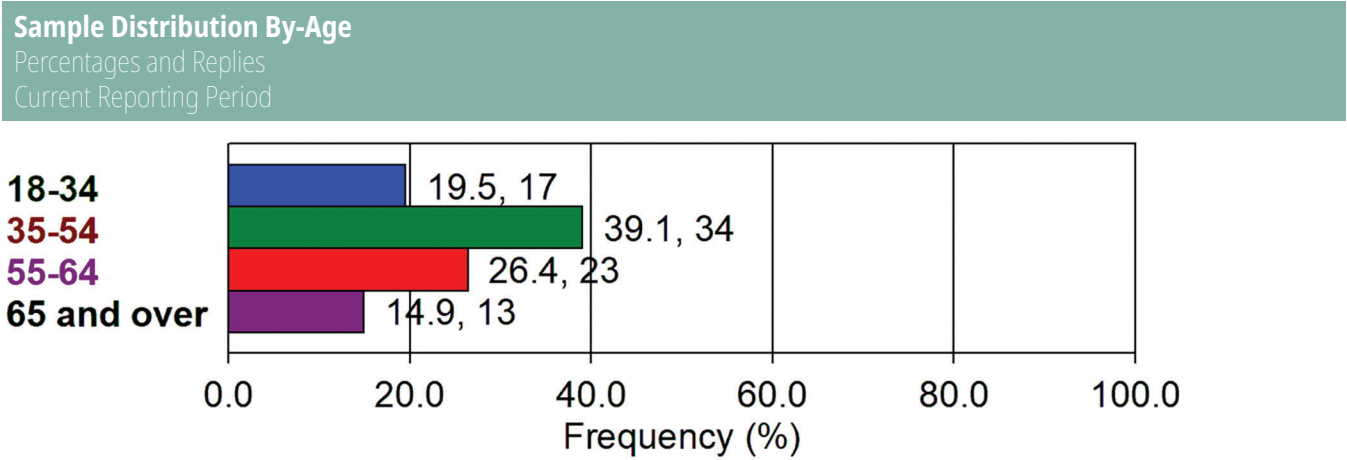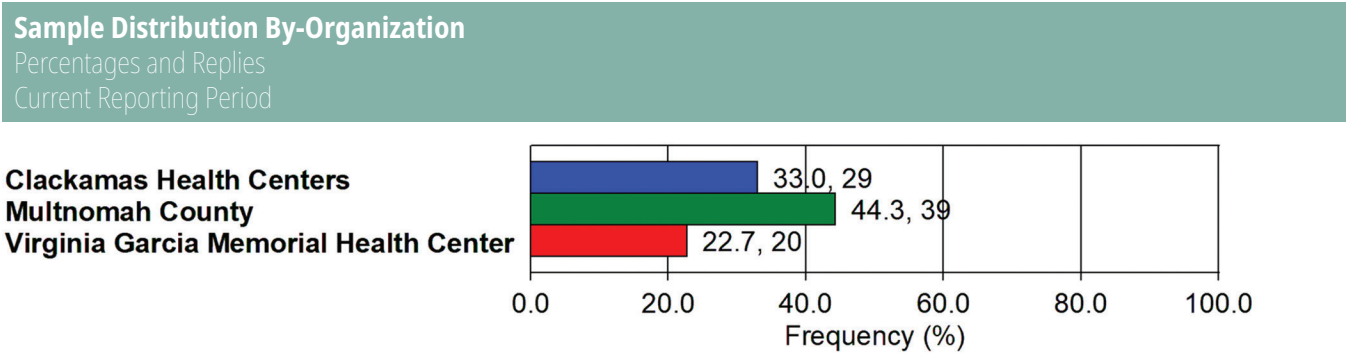
Sample Distribution By-Organization
Percentages and Replies
Current Reporting Period

Sample Distribution By-Age
Percentages and Replies
Current Reporting Period

Sample Distribution By-Payer Type
Percentages and Replies
Current Reporting Period

English 86.4, 76
Spanish 13.6, 12

0.0   20.0   40.0   60.0   80.0   100.0
Frequency (%)
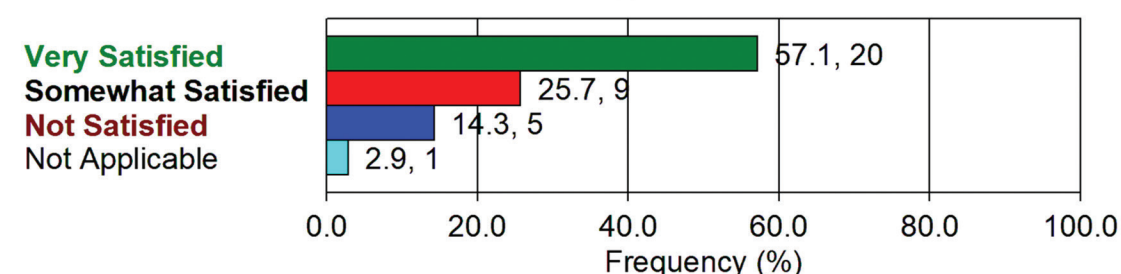
Below are other key findings from these surveys. Of the patients who responded about their overall satisfaction with the Quit Line, ~57% indicated they were very satisfied, ~26% indicated being somewhat satisfied, and ~14.3% said they were not satisfied. When responses were broken down by individual organization, CHC had more individuals who were very satisfied, ~65%, compared to MCICS, ~45%, and VGMHC, ~58%. CHC also had a higher distribution of those who were not satisfied, ~25%, compared to MCICS, 0%.

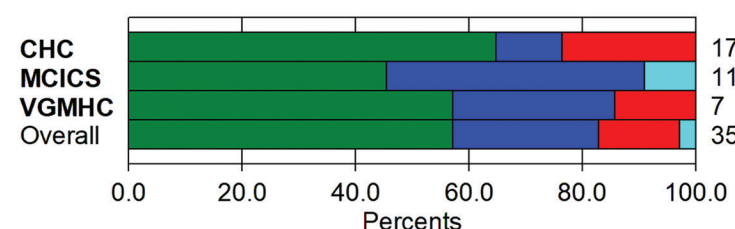**Q:** How would you rate your overall satisfaction with the services provided by the Quit Line?

Very Satisfied 57.1, 20
Somewhat Satisfied 25.7, 9
Not Satisfied 14.3, 5
Not Applicable 2.9, 1

0.0   20.0   40.0   60.0   80.0   100.0
Frequency (%)

CHC 17
MCICS 11
VGMHC 7
Overall 35

0.0   20.0   40.0   60.0   80.0   100.0
Percents

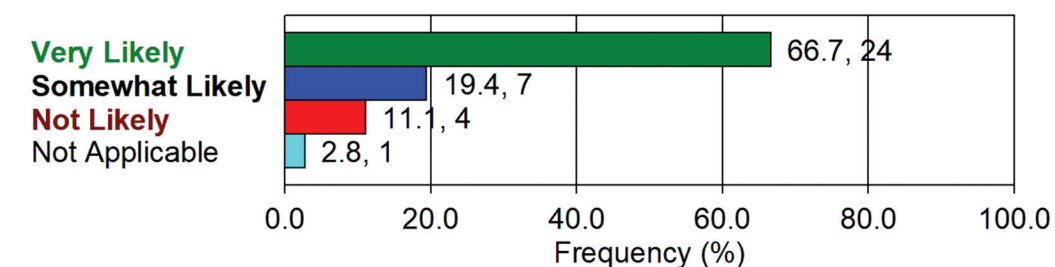Overall Satisfaction

■ Very Satisfied   ■ Somewhat Satisfied   ■ Not Satisfied   ■ Not Applicable

Another measure of satisfaction was the likelihood of the respondent referring others to the Quit Line. Almost 67% said they were very likely to do so, ~19% said somewhat likely, and ~11% said not likely.

Q: How likely are you to refer others who use tobacco and are interested in quitting to the Quit Line?

Very Likely 66.7, 24
Somewhat Likely 19.4, 7
Not Likely 11.1, 4
Not Applicable 2.8, 1

0.0   20.0   40.0   60.0   80.0   100.0
Frequency (%)

The majority, 82%, of respondents indicated they were very much included in their medical team/provider's decision to refer them to the Quit Line. In comparison, 5% said they were not a part of that decision.

Q: When you were referred to the Quit Line by your medical team, did you feel that you were a part of that decision?

Yes, very much 81.8, 63
Yes, somewhat 13.0, 10
No 5.2, 4

0.0   20.0   40.0   60.0   80.0   100.0
Frequency (%)
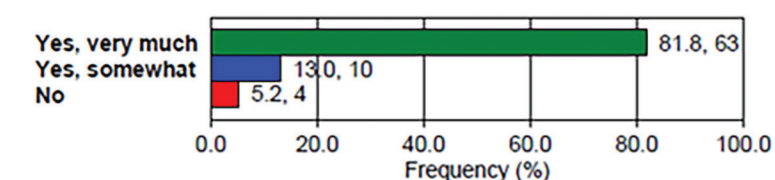
Individuals must be ready to quit within 30 days for the Quit Line to be effective. When asked if they felt ready to quit at the time of referral to the Quit Line, ~ 53% of respondents answered yes, very much, ~ 36% said yes, somewhat, and around 6.5% answered no.

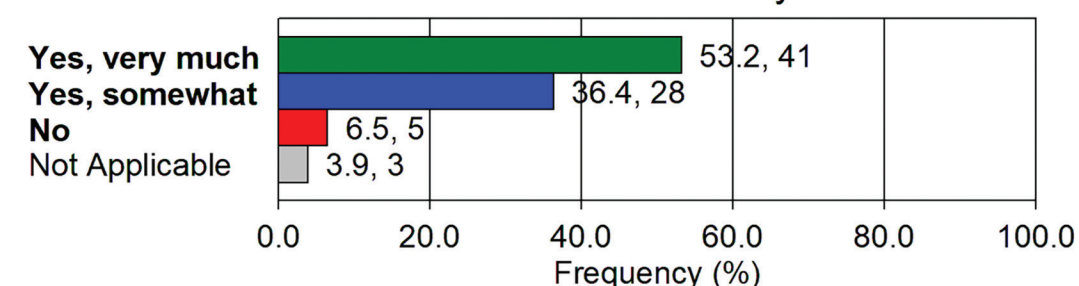**Q:** Did you feel that you were ready to quit using tobacco when your medical team referred you?

Yes, very much	53.2, 41
Yes, somewhat	36.4, 28
No	6.5, 5
Not Applicable	3.9, 3

Frequency (%)
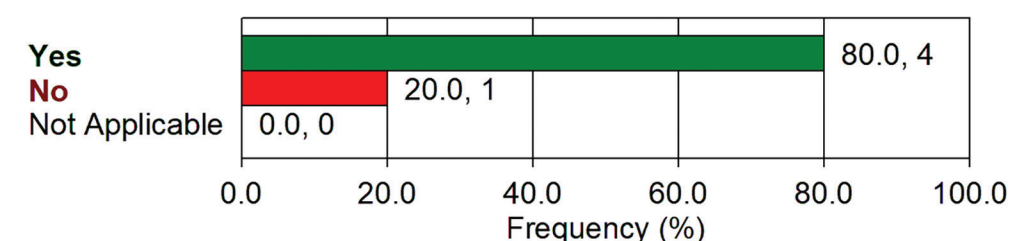
Of those who were not ready to quit, the majority (80%) of respondents were interested in cutting back their tobacco use.

Q: [If No] Do you have interest in cutting back your tobacco usage?

|	
Yes	80.0, 4
No	20.0, 1
Not Applicable	0.0, 0

Frequency (%)

The next set of questions asked respondents about what occurred after their referral to the Quit Line. Nearly 61% of respondents indicated that the Quit Line contacted them, while 37% indicated that it had not contacted them.

Q: Since you were referred by your medical team, has someone from the Quit Line tried to contact you?

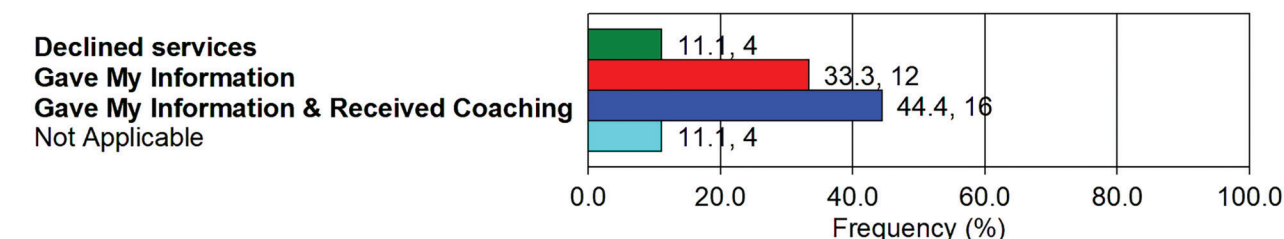|	
Yes	60.5, 46
No	36.8, 28
Not Applicable	2.6, 2

Frequency (%)
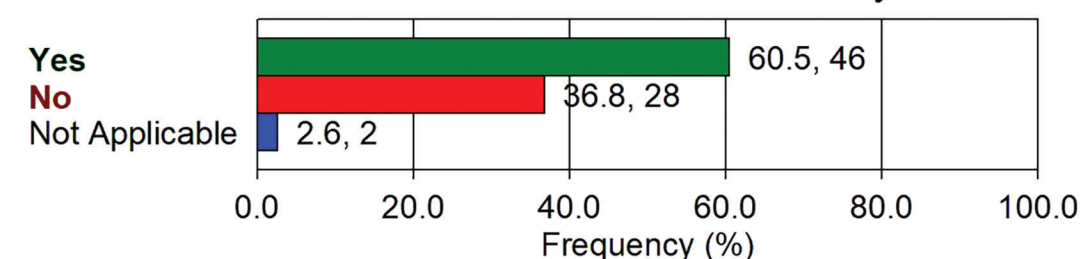
Of the respondents whom the Quit Line had contacted, ~11% (4) respondents declined services, ~33% (12) gave their information to get enrolled, and ~44% (16) said they enrolled and received coaching services.

Q: On your first call with the quit line, what was the result of that call?

Declined services	11.1, 4
Gave My Information	33.3, 12
Gave My Information & Received Coaching	44.4, 16
Not Applicable	11.1, 4

Frequency (%)

Of the respondents who enrolled in Quit Line services, ~ 56% (20) requested nicotine replacement therapy (NRT). Of those, 80% (16) received NRT and 20% (4) reported not receiving NRT. Approx. 40% (14) of respondents did not request NRT.

	Current Iteration	
Requested Nicotine Replacement Therapy?		
Yes	55.6%	20
No	38.9%	14
Not Applicable	5.6%	2
Totals	100.0%	36
[If Yes] Have you received the Nicotine Replacement Therapy?		
Yes	80.0%	16
No	20.0%	4
Not Applicable	0.0%	0
Totals	100.0%	20

When asked about their success in quitting tobacco, ~ 36% of respondents indicated they were very successful, 25% indicated they were somewhat successful, and ~36% said they were not that successful. When broken down by age, 18-34-year-old respondents indicated feeling very successful more frequently than respondents from the 35-54, 55-64, and 65+ age groups.

Extent of Success in Achieving Goals
Percentages and Replies
Current Reporting Period

Q: How successful do you feel you have been towards achieveing the goal of quitting tobacco?

Very successful	36.1, 13
Somewhat successful	25.0, 9
Not that successful	36.1, 13
Not Applicable	2.8, 1

Frequency (%)

Extent of Success in Achieving Goals By-Age
Percentages and Replies
Current Reporting Period

18-34	8
35-54	11
55-64	11
65 and over	6
Overall	36

Percents

Extent of Success in Achieving Goals

■ **Very successful**   ■ **Somewhat successful**   ■ **Not that successful**
■ Not Applicable

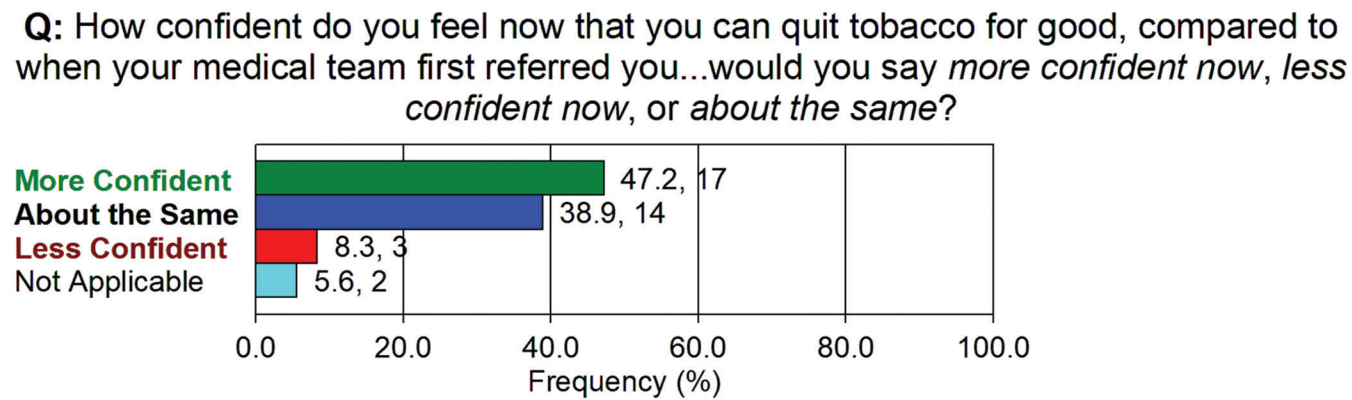When asked about their confidence in quitting tobacco now compared to when they were first referred to the Quit Line, 47% of respondents felt more confident, 39% felt about the same, and 8% felt less confident than before.

Confidence in Quitting
Percentages and Replies
Current Reporting Period

Q: How confident do you feel now that you can quit tobacco for good, compared to when your medical team first referred you...would you say *more confident now*, *less confident now*, or *about the same*?

More Confident	47.2, 17
About the Same	38.9, 14
Less Confident	8.3, 3
Not Applicable	5.6, 2

Frequency (%)

Below are additional qualitative responses from patients:

What would you say are your main motivations to quit smoking?

Be able to breathe better and play with my grandchildren.

It is not good, raises my anxiety, gives me nausea.

Lack of freedom.

I'm 55 years old, and it costs too much, about $300.00, and I can't afford it.

My health and body and to have quality of life.

My 7-year-old daughter, I want to live as long as I can for her.

Money and relationship damage.

I have a new member in the family, and my son asked me to quit, but I have been smoking a lot.

[If Somewhat or Not that Satisfied] Can you tell me why you are not very satisfied with the Quit Line?

"I thought I would hear from them sooner, no direction to call them was given."

"Not very satisfied with the language barrier received in the text messages."

"I didn't get a chance to see what they would offer because when they called, I answered and couldn't understand them and didn't know it was the Quit Line and hung up."

What have you liked most about the Quit Line?

"More often than not, it is nice to have someone who is a smoker and fully understands what I am going through"

"I quit about a month ago. They were consistent; they called."

"The manner in which the person was talking to me, she/he was calm, they listened to me intently."

"They have been attentive and called frequently. In my case, I speak in Spanish, it would be good to have text messages in Spanish."

"I've cut down on smoking. I see that it is consistent; she put her heart into it; she really wanted to help. Everything has been great so far; I have cut down to half a pack and I am determined now."

"I can call 24/7."

Opportunities for improvement?

> *"Technical problems prevented me from accessing services a second time."*
>
> *I was cut off from the phone line. I want to try the gum. I would like a call back after we were disconnected."*
>
> *"I have received in English text messages; I did not understand the text messages. I was told it would cover 2 months."*
>
> *"I started to quit in 2020, and they had supposedly sent me patches, but I never received them. When I called, they told me they could not send me more patches because they were lost in the post office. They text me every week."*
>
> *"I have not talked to them. I understand a lot of people work, so they need to call from 8 am to 5 pm."*
>
> *"I did not know they were going to call me in 2 days, I was told it would be 2 weeks. They did not leave a message."*
>
> *"I chose the wrong option with the gum."*
>
> *"Listen more to the person and don't be super pushy and offer more than just patches."*

Anything else Quit Line could have done to help be more successful?

> *"More coaching."*
>
> *"I have not spoken with anyone since, every time I was outside working or I was not available, I have not spoken to anyone since."*
>
> *"They never told me they had cessation counseling."*
>
> *"Better timing. It was not their fault; it was situations that popped up that I could not deal with."*
>
> *"Call me back again after I mistook them for a solicitor."*
>
> *"I wish you were more options on things like the Resources the patches did not work for me, but at least I tried. I felt that the counselors on the line were very pushy and made me avoid them."*

Discussion

Challenges/Limitations

Due to the slow nature of changing systems, there was an extended timeframe for the rollout of the e-referral across the three different health systems. This led to challenges with the patient satisfaction survey—some patients were surveyed a few months after their referral was made, while for others it was only a few weeks following. The sample size (86) of individuals surveyed is also a relatively small number, making it challenging to draw conclusions with a high level of certainty.

Another limitation of this project was the follow-up with patients after their referral to the Quit Line. Clinical leadership from all three health systems shared that they would not have the capacity to review referral outcomes and/or follow up with patients after they were referred to the Quit Line. If capacity allows, this presents an opportunity for better quality improvement in the future.

The data from the Quit Line to the patient's EHR is also limited/inconsistent. The results of the patients' engagement with Quit Line services are inconsistently reported in the patients' electronic health record. For many of the referrals placed, no data was sent back from the Quit Line; therefore, those outcomes are unknown.

One of the most significant limitations identified was how the Quit Line contacts patients after a referral. Nearly half of all patients referred to the Quit Line were unreachable after five attempts, most likely because people do not answer phone calls from an unknown number. Unfortunately, the Oregon Tobacco Quit Line currently can only contact patients by phone call following an e-referral, not by text message. The Quit Line is also limited to calling the patient in English, not in the patient's preferred language, as indicated in the e-referral.

Recommendations

Throughout this three-year regional e-referral project, 311 patients were referred to the Quit Line, and 45 (14%) received cessation services. Of those reached by the Quit Line and surveyed, only 20 (57%) people were very satisfied, and 14 (20%) people were somewhat satisfied. Although small-scale, this evaluation of the Quit Line e-referral is the first in Oregon. There is a need for a more robust, third-party evaluation of the Oregon Tobacco Quit Line to determine overall effectiveness. Regardless, there are several valuable lessons and opportunities to improve the provision of cessation services:

1. **Shift culture with health system partners.** Through our provider engagement on this project, brief interventions of Ask, Advise, and Refer became a standard of care for patients with documented tobacco or nicotine use. Before implementing the e-referral, providers did not regularly advise patients to quit or refer patients to the Quit Line due to cumbersome fax referrals. Moreover, providers rarely asked patients if they vaped nicotine. Education for providers recommended screening for e-cigarette use and referring those patients to the Quit Line as well.

2. **Engage behavioral health consultants (BHCs) or community health workers (CHWs).** As providers and clinical leadership prioritize tobacco/nicotine cessation for their patients, other clinic staff become more engaged in this as well. BHCs or CHWs could help patients start their quitting journey if they are interested in quitting but are not ready to set a quit date within 30 days (criteria for the Quit Line). This was an opportunity to provide additional training for nicotine treatment/cessation, as well as providing the BHCs or CHWs with support kits to engage patients who use nicotine and move them closer to readiness to quit. Because BHCs often see patients for other substance use disorders (SUD), this also brought up great conversations and sharing of resources for how to better integrate nicotine treatment/cessation into treatment for SUD and other mental health conditions. This could help shift the paradigm that people in treatment for SUD should not try to quit smoking/vaping at the same time.

3. **Enhance the e-referral workflow**

   • Quit Line vendor provides the option for initial contact with the patient by text message

   • Quit Line vendor provides initial contact in the preferred language of the patient, as indicated in the e-referral

   • Improve consistency of outcome data reported back to health clinics—this would likely require both RVO and OCHIN to ensure data are consistent and timely

   • Identify a point person on the clinical team who can track e-referral outcomes and provide follow-up accordingly (Quality Assurance)

   • Health Clinics replicate the automated CareMessage developed by VGMHC. This message is sent to patients within a few days following the Quit Line referral. It reminds them of their referral and encourages them to watch for and answer any calls from a 1-800 number. It also provides information on contacting the Quit Line directly if they miss the call.

4. **Invest in in-person and community-based cessation programs, particularly for culturally and linguistically specific communities.** Many community-based organizations are well-positioned to provide nicotine cessation services, but do not have the capacity or ability to bill for services. Given the Quit Line's inability to reach and adequately serve diverse communities, it is recommended to shift funding to these types of in-person and community-based services.

Appendices

Appendix A.

OCHIN E-Referral Workflow

Tobacco Quitline Referral

A referral to the Tobacco Quitline can be ordered from the service area preference list.

This order is an e-referral. Optum will contact the patient for tobacco cessation counseling and NRT

Order:

1. In an open encounter, place an order for: Tobacco Quitline Referral
   a. Available Interfaced Referrals: TOBACCO QUITLINE or E-Cig/Vaping QUITLINE

2. Mark Patient Consent to receive voicemail
3. Confirm the patients contact number (this auto populates from demographics) (must have phone number or referral will not process).
4. Mark the best time of day to reach the patient
5. Mark consent to exchange information
6. Accept, Associate Diagnosis, and Sign order

Results:

The results for the referral will be sent to your InBasket under the Results folder.
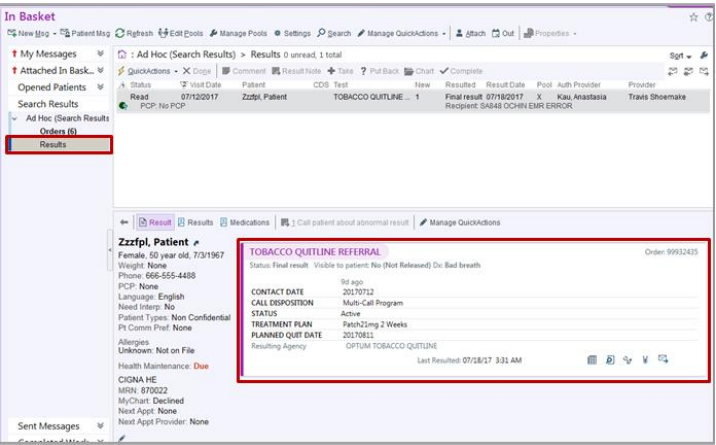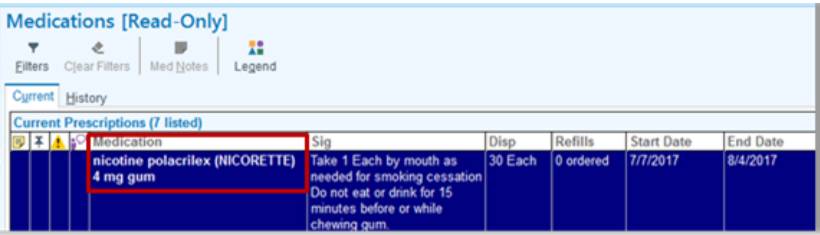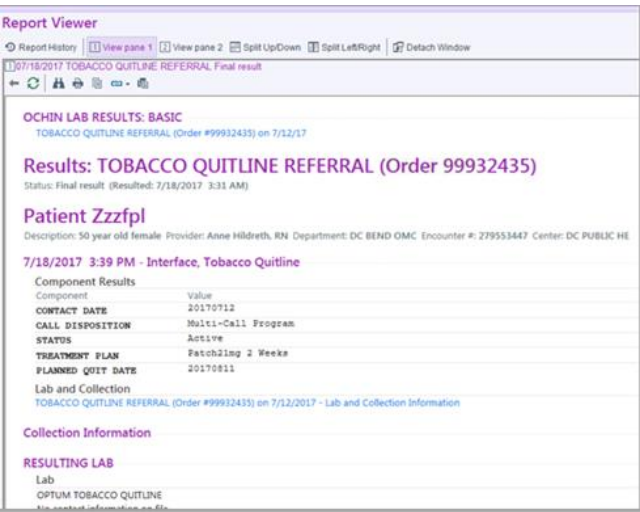

Chart Review:

Medications

Once the NRT is prescribed by the Quitline, this information will be available in the patients medications list in Chart Review.

Referral

The referral will also be updated with the most current information from the Quitline. This information will be available in the Ref tab in Chart Review.

Appendix B.
Tobacco Quit Line Guide

Tobacco Quit Line Guide

Multnomah County Health Department

Washington County Oregon Department of Health and Human Services

CLACKAMAS COUNTY

About Oregon Tobacco Quit Line

Oregon Tobacco Quit Line provides free coaching and nicotine replacement therapy (NRT), such as gum or patches, to help people quit cigarettes, vaping, and other nicotine products.

Quit Line coaches receive training to address the needs of people of all races, genders, ages, sexual orientations, languages, ethnic and religious backgrounds, and disabilities.

Services

- Personal coaching by phone, text, video, chat, or email
- Desktop and mobile app options, including:
  - Support through online dashboard, accessible by computer and smartphone
  - Milestones and structured daily activities
  - Group video coaching
  - Online learning (articles, videos) on tobacco use, stress, nutrition, and physical activity
  - Surveys, quizzes, and trackers
  - Engagement events

English
- **Text:** READY to 34191
- **Call:** 1-800-QUIT-NOW (1-800-784-8669)
- **TTY:** 1-877-777-6534
- quitnow.net/oregon

español
- 1-855-DEJELO-YA (1-855-3353-5692)
- quitnow.net/oregonsp

Native people
- 1-800-784-8669 and press 7
- smokefreeoregon.com/native-quit-line/

How the Quit Line works

Quit Date

Step 1: Get Ready To Quit

Step 2: Make Your Quit Plan

Step 3: Manage Urges With Mini Quits

Step 4: Quit With Confidence

Step 5: Feel Healthier

Step 6: Make This Quit Your Last

Ready to Quit
Thinking About Quitting
Program Enroll

Activation & Reactivation

Unlimited Coach Access

Access Anywhere

Central Dashboard

Program Complete

Re-engagement Opportunities

RVOHealth

The Quit Line will call individuals up to five times to enroll them in Quit Line services.

Quit Line services by patient type

Patient Population	Nicotine Replacement Therapy (NRT)	Number of Quit Sessions with a Coach via Phone**
Commercially Insured	8 weeks	5
Medicaid	8 weeks	5
Medicare	8 weeks	5
Menthol Users	12 weeks	5 or more depending on patient population
Native Americans	12 weeks	7
Pregnant Women	8 weeks	7
Uninsured	8 weeks	5
Youth (Under 18)	Not eligible	6 step digital program; Coaches available through live chat

**Quit sessions with a coach can occur from an inbound or an outbound call. Inbound calls to the Quit Line (to ask general questions) are unlimited.

Appendix C.

E-Referral Guide

Multnomah County Health Department · Washington County Department of Health and Human Services · Clackamas County

Health Share of Oregon provided funding to Clackamas, Multnomah, and Washington Counties' Tobacco Prevention and Education Programs (TPEP) to implement an electronic referral to the Oregon Tobacco Quit Line in OCHIN Epic with the Federally Qualified Health Centers (FQHCs) in the metro region.

TPEP staff work with diverse partners to end tobacco-related health disparities caused by:

- Preventing and reducing tobacco use
- Promoting smoke-free environments
- Reducing the influence of tobacco product marketing
- Encouraging tobacco users to quit

What is an electronic referral (E-referral)?

A health system refers a patient through the electronic medical record (EHR) to the Oregon Tobacco Quit Line. These patients have expressed interest in quitting in the next 30 days and have consented to be contacted by the Quit Line.

What happens after a referral is made?

The Quit Line calls the patient within 24 hours of receiving a referral. If the patient agrees to smoking cessation counseling and nicotine replacement therapy (NRT), the Quit Line mails nicotine patches and/or gum to the patient and schedule coaching calls. The patient may call the Quit Line any number of times for support quitting.

The Quit Line notifies the referring clinic of the outcomes including whether the patient was reached for services, if the patient accepted services, and the type and dose of NRT received.

What about HIPAA regulations?

The Oregon Tobacco Quit Line is HIPAA-covered entity, making the Oregon Tobacco Quit Line another "provider". The health system is sharing confidential health information for treatment purposes. Health systems and providers must be HIPAA compliant in order to receive outcomes back from the Quit Line.

Who should be referred to the Quit Line using E-Referrals?

Tobacco/nicotine users who are ready to quit within 30 days may be referred to the Oregon Tobacco Quit Line. Individuals must be 13 years or older to receive counseling and 18 years or older to receive NRT.

Why use E-referrals?

Research indicates that providers who refer patients to tobacco cessation programs are associated with significantly higher participation rates than simply advising patients to call the Quit Line.[2]

Health care providers including doctors, nurses, medical assistants, behavior health consultants and traditional health workers can positively impact patients and reduce health care costs by referring them to tobacco cessation services.

The electronic referral eases the burden on providers by seamlessly referring patients to the Quit Line.

Using an electronic health record system to refer patients to cessation resources assists health systems in achieving Meaningful Use and Patient Centered Primary Medical Home standards.

The e-referral integration project in Clackamas, Multnomah and Washington Counties is sponsored by Health Share of Oregon.

[2] https://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/pdfs/quitlines.pdf

Appendix D.

Workbench Report Template

Search
Select Orders between 1/1/2022 8:00 AM and 8/10/2023 12:20 PM

From
Search base:
Creation Time

Where
Order: Date of order:
Greater than or equal to 1/1/2022 AND
Less than or equal to 8/10/2023
AND Procedure: Name:
TOBACCO QUITLINE REFERRAL
AND Ordering Service Area:
CLACKAMAS COUNTY PHD

And where
Epi: Id Type:
CLACKAMAS COUNTY PHD
AND Identity Id Type:
CLACKAMAS COUNTY PHD

Selected Columns

Order ID [52000]
Order Patient Name and MRN [84521]
ORDERING PROVIDER [1150]
Order Date [1052]
Order Patient DAT [34903]
Order Patient Internal ID [34904]
Age of Order [20195]
ORDER DESCRIPTION [20107]
HM Topic Due Date [4013]
Patient Name [1004]

Patient MRN [1003]
Order Resulting Flag [100932]
Order Status [51223]
Result Value - OCHIN [102010]

Appendix E.
MCICS E-Referral Work Flow

The Tobacco Quitline Referral is an electronic closed loop referral. The Tobacco Quitline will contact the patient to offer services that could include tobacco cessation counseling and NRT. The Quitline will update the referral order and providers will receive a Results In Basket message.

Order the Tobacco Quitline e-Referral

If the Tobacco Counseling HM topic is due, the **Tobacco Quitline Referral—SE/NE/NP ONLY**, will be available from the **CareGaps SmartSet** under the **Tobacco Cessation Counseling** section. Otherwise it can be ordered from the preference list.

Complete all of the items in the order:

- Ask if the patient agrees to information exchange with the Quitline. Click **Yes** to document consent.
- Select the best time of day to reach the patient
- Confirm the client's preferred phone number. This populates from demographics but can be updated in the order. **There must be a phone number for the referral to be processed**.
- Document if the client consents to receive voicemail.
- Indicate if the client is ready to quit in the next 30 days.

Clinical Systems Information
Multnomah County Health Department
Questions? CSI Help Desk ext. 84357, option 3

Epic Version May 2023
Document Version 1.0
Last Update: 2/14/2024

When the referral order has been updated by the Tobacco Quitline, a results message will be sent to the provider's In Basket- Results folder

The information will also be available in Chart Review from the Ref tab.
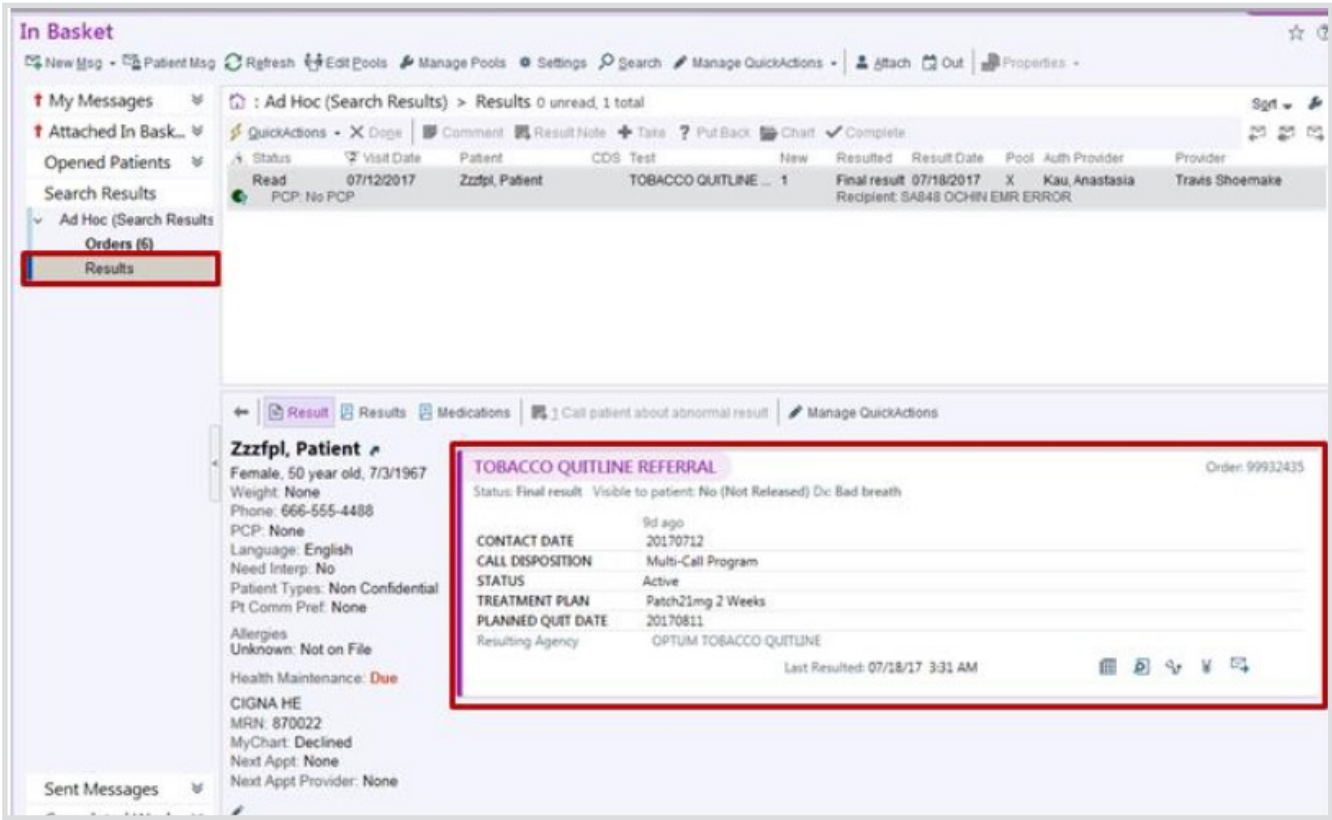
Appendix F.
Support Kit Flyer

Clinical Systems Information
Multnomah County Health Department
Questions? CSI Help Desk ext. 84357, option 3

Epic Version May 2023
Document Version 1.0
Last Update: 2/14/2024
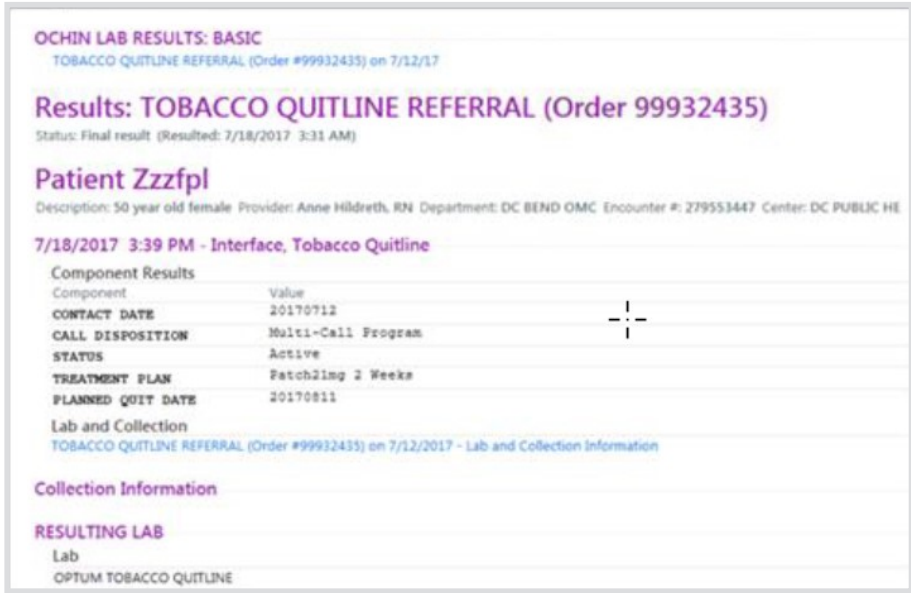
Start your Journey Toward a Life Free of Tobacco and Nicotine!

CLACKAMAS COUNTY

Quitting smoking, vaping, and other tobacco and nicotine products isn't easy, but you can do it with support. Clackamas County Public Health Division is offering free support kits for those interested in quitting or reducing their use in the next 30 days.

Journal and pen
Write quit goals, document cravings, and journal your thoughts.

Gum
To help curb cravings.

Cinnamon-flavored toothpicks
Keep your hands and mouth busy during cravings.

Stress ball
Keep your hands occupied.

Benefits of quitting fact card
Highlight the health benefits of quitting.

Oregon Tobacco Quit Line card
Connect with free coaching and nicotine replacement therapy (such as nicotine gum and patches).

Belt bag
Take your support kit on the go!

To claim your free support kit, scan the QR code below for a brief survey.

Email us at TobaccoFreeClackCo@clackamas.us if you have questions about these kits or tobacco and nicotine cessation.

Appendix G.
Tobacco Support Kit Dotphrase

Smoking Toolkit Screening

1. Do you smoke, chew, and/or vape any tobacco or nicotine product(s)? {sa10 smoking toolkit 1:86402}
2. Are you trying to quit now or are you planning to quit in the next 30 days? {sa10 smoking toolkit 2:86403}
3. Have you tried quitting before? {sa10 smoking toolkit 3:86404}
4. Is Pt between 18-35 Yes/No (cascading – if yes, then, if no, then)
    1. Yes - do they identify with being in recovery from substances?
        1. Yes - Refer to Nix the Nic: https://4drecovery.jotform.com/221915394159058
        2. No - offer referral to tobacco line in orders
    2. No - offer referral to tobacco line in orders
5. Open the support kit and briefly explain the tools.

Was Kit delivered to Client? {YES/NO:63}

Appendix H.
Your Best Life Lookbook

Tobacco Cessation Pilot Program

LUNG BRANDING

Your best life

BUTTONS

Your best life

Your best life

Your Best Life!

Best Life!

Ready to live your best life?

You CAN do this!

How about now?

T-SHIRTS

Your best life

Ask me about living your best life
Multnomah County
Health Department

Your best life

Your best life

WATER BOTTLE

Print Area: Each Side: 3"H x 2 1/2"W

Wrap: 3"H x 7 1/2"W

Colors shown are approximate. R...

Please Note: Any art issue...
first page of...

Blue dashed line represents imprint area only and will not print

Your best life

1-800-QUIT-NOW
(1-800-784-8669)

Multnomah County
Health Department

MINTS & TOOTHBRUSH

Multnomah County
Health Department

LANYARD

Your best life Your best life Your best life Your best life Your best

LOBBY SCREENS

Multnomah County
Health Department
Community Health Center

Need help to make a change?

Ask how Health Center staff can help you.

Talk to your provider about changing your tobacco use or call:

1-800-QUIT NOW

Your best life

Multnomah County
Health Department
Community Health Center

Ready to live your best life?

Health Center staff are here to help.

Talk to your provider about changing your tobacco use or call:

1-800-QUIT NOW

Your best life

Multnomah County
Health Department
Community Health Center

Remember you are strong.

You can do this.

Talk to your provider about changing your tobacco use or call:

1-800-QUIT NOW

Your best life

Multnomah County
Health Department
Community Health Center

Making a change is possible.

You can do it.

Talk to your provider about changing your tobacco use or call:

1-800-QUIT NOW

Your best life

Multnomah County
Health Department
Community Health Center

Ready to live your best life?

Health Center staff are here to help

Talk to your provider about changing your tobacco use or call:

1-800-QUIT NOW

Your best life

STANDING BANNER

Need help to make a change?

Ask how Health Center staff can help you.

Your best life

Talk to your provider about changing your tobacco use or call:

1-800-QUIT NOW

Multnomah County
Health Department
Community Health Center

CLINIC POSTERS

Appendix I.

Crossroads Tobacco Cessation Survey

Tobacco Prevention and Education Program (TPEP)

Oregon Tobacco Quit Line Evaluation Survey

Computer-Assisted Telephone Interview (CATI) - English

Hello, may I please speak with *<<Patient Name>>?*

Good *morning/afternoon/ evening*, my name is _____, and I am calling on behalf of <<Organization Name>> to ask you a few short questions about your experience with the Oregon Tobacco Quit Line. This survey requires you to give your thoughts and opinions about your experience with the Tobacco Quit Line. You will receive a $25 gift card for completing the survey today.

This call is recorded for quality assurance and will take a few minutes; would you like to begin?

(1) Our records show that you were referred to the Oregon Tobacco Quit Line for helping quitting smoking or vaping on <<date>>; is this correct?

❑ Yes ❑ No ❑ N/A

(A) [If No] Would you like someone to follow-up with you with information about the Tobacco Quit Line?

❑ Yes ❑ No ❑ N/A

(2) When you were referred to the Quit Line by your medical team, did you feel that you were a part of that decision? [Aided]

❑ Yes, very much ❑ Yes, somewhat ❑ No ❑ N/A

(3) Did you feel that you were ready to quit using tobacco when your medical team referred you? [Aided]

❑ Yes, very much ❑ Yes, somewhat ❑ No ❑ N/A

(A) [If No] Do you have interest in cutting back your tobacco usage?

❑ Yes ❑ No ❑ N/A

(4) What would you say are your main motivations to quit smoking?

_____

_____

(5) To be successful, many people have to tried quitting multiple times. How many times have you attempted to quit using tobacco in the past?

❑ 0 ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 or more ❑ N/A / Unsure

(6) When you were referred to the Quit Line, what did you expect to get from the program?

_____

_____

(7) Since you were referred by your medical team, has someone from the Quit Line tried to contact you?

❑ Yes ❑ No **[Skip to Q9A]** ❑ N/A

(A) [If Yes] Approximately how soon after you spoke with your medical team did the Quit Line try to contact you? [Unaided]

❑ Within 24 hours (1 day)   ❑ Over 2 days - 1 week   ❑ Over 3 weeks
❑ Over 24 hours - 48 hours (2 days)   ❑ Over 1 week - 2 weeks   ❑ N/A
     ❑ Over 2 weeks - 3 weeks

(8) When someone from the Quit Line *first* contacted you, were you able to speak with someone, did they leave a voicemail, or have you not received any contact yet?

❑ Spoke with Quit Line **[Skip to Q10]**   ❑ No contact yet **[Skip to Q9A]**
❑ Voicemail **[Skip to Q9]**   ❑ N/A / Unsure

(9) [If Voicemail] Have you tried to contact the Quit Line after a voicemail message was left?

❑ Yes ❑ No ❑ N/A

(A) [If No] Would you like for someone to keep trying to reach you from the Quit Line?

❑ Yes ❑ No ❑ N/A

(10) [If Patient Has Spoken with Quit Line] On your first call with the quit line, what was the result of that call? [Unaided]

❑ Declined services   ❑ Gave them my information and received coaching   ❑ Don't remember
❑ Gave them my information   ❑ N/A

(11) When you spoke with the Quit Line, did anyone offer to send you Nicotine Replacement Therapy?

❑ Yes ❑ No ❑ N/A

(A) [If Yes] Have you received the Nicotine Replacement Therapy?

❑ Yes ❑ No ❑ N/A

(12) Did the staff and materials provided meet your cultural and language needs?

❑ Yes ❑ No ❑ N/A

(A) [If No] What could have been done to make the resources more accessible to your individual needs?

_____

_____

(13) About how many calls have you had with someone from the Quit Line since you were referred? . . . . . _____

(14) How successful do you feel you have been towards achieving the goal of quitting tobacco? [Aided]

❑ Very successful ❑ Somewhat successful ❑ Not that successful ❑ N/A

(A) [If Somewhat or Not Successful] Have you ever worked with a provider in-person in the clinic for tobacco cessation counseling?

❑ Yes ❑ No ❑ N/A

(i) [If No] The clinic does currently offer in-person counseling for tobacco cessation. Is this something you would be interested in?

❑ Yes ❑ No ❑ N/A

[If Yes] I will provide your information to the center so they can follow-up with you about setting this up

(B) [If Somewhat or Not Successful] Is there anything else that the Quit Line could have done to help you be more successful towards meeting your goals?

_____

_____

(15) How confident do you feel now that you can quit tobacco for good, compared to when your medical team first referred you…would you say *more confident now, less confident now, or about the same?*

❏ More Confident   ❏ Less Confident   ❏ About the Same   ❏ N/A

(16) How would you rate your overall satisfaction with the services provided by the Quit Line? [Aided]

❏ Very Satisfied   ❏ Somewhat Satisfied   ❏ Not Satisfied   ❏ N/A

(A) [If Somewhat or Not that Satisfied] Can you tell me why you are not *very* satisfied with the Quit Line?

_____

_____

(17) How likely are you to refer others who use tobacco and are interested in quitting to the Quit Line? [Aided]

❏ Very Likely   ❏ Somewhat Likely   ❏ Not Likely   ❏ N/A

(18) What have you liked most about the Quit Line?

_____

_____

_____

(19) Do you have any comments or suggestions for improving the services provided by the Quit Line or any additional services that the Quit Line can provide?

_____

_____

_____

(20) Those are all of my questions. Thank you for your participation. Your feedback will be shared with the leadership team, who may wish to contact you to follow up at some point. Would that be alright? Either way, you are still eligible to receive the gift card.

❏ Yes   ❏ No   ❏ N/A

Thank you for your time. Have a nice *day/evening.*